

## PROPOSAL FOR ERECTION ALL RISK INSURANCE

<b>1.</b>	<b>Title of contract</b> (if project consists of several Sections, specify section(s) To be insured)	
<b>2.</b>	<b>Location of erection site</b>  <b>Country</b>  <b>City, town village</b>	
<b>3.</b>	<b>Principal Name and address</b>  <b>E-mail Address:</b>	
<b>4.</b>	<b>Main contractor(s)</b>  <b>Name(s) and address(es)</b> <b>E-mail Address:</b>	
<b>5.</b>	<b>Subcontractor(s)</b>  <b>Name(s) and address(es)</b> <b>E-mail Address:</b>	
<b>6.</b>	<b>Manufacturer(s) of main items</b>  <b>Name(s) and address(es)</b> <b>E-mail Address:</b>	
<b>7.</b>	<b>Firm supervising erection</b>  <b>Name and address</b>	
<b>8.</b>	<b>Consulting engineer</b>  <b>Name and address</b>	
<b>9.</b>	<b>Experience of Main Contractors and Subcontractors</b>  <b>Please state previous works successfully executed by Main Contractor and Subcontractors</b>    	

10. **Exaction description of the property to be erected (if second-hand items are to be erected, please state). In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, year of construction of major units. In case of complete factories: general drawing of plant, nature of civil engineering work (if any)**

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11. **Period of insurance**

Commencement of insurance \_\_\_\_\_

Duration of pre-storage \_\_\_\_\_ months prior to beginning of erection work

Commencement of erection work \_\_\_\_\_

Duration of erection/construction \_\_\_\_\_ months

Duration of testing \_\_\_\_\_ weeks

**If maintenance coverage required**

Duration of maintenance \_\_\_\_\_ months

Type of coverage required \_\_\_\_\_

Termination of insurance \_\_\_\_\_

12. **Have plans, designs and materials of the kind used in this project been used and/or tested in**

a. previous construction?  Yes  No

b. previous construction by the contractor(s)?  Yes  No

**If so, please give details of similar projects carried out by contractor(s)**

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13. **Is this an extension of an existing plant?**  Yes  No

If so, will operation of existing plant continue during Erection period? Enclose plans.  Yes  No

14. **Have the buildings and civil engineering works already been completed?**  Yes  No

15. **Work to be carried out by Subcontractors**

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<b>16.</b>	<b>Is there any aggravated risk of</b>	fire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>If so, give details</b>	Explosion <input type="checkbox"/> yes <input type="checkbox"/> No	
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<b>17.</b>	<b>Ground water level</b>		
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<b>18.</b>	<b>Nearest river, lake, sea, etc</b>	Name	distance from site
	<b>Levels of such river, lake, sea, etc</b>		
		Low water	mean water
			highest level recorded
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<b>19.</b>	<b>Meteorological conditions</b>	Rainy seasons from	to
		Max rainfall (mm)	per hour <input type="checkbox"/> per day <input type="checkbox"/> per month <input type="checkbox"/>
		Max wind velocity	storm frequency <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/>
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<b>20.</b>	<b>Hazards of earthquake, volcanisms, Tsunami</b>	Is there a history of volcanism, tsunami at the site? <input type="checkbox"/> yes <input type="checkbox"/> No	
		Have earthquakes, etc been observed in this area? <input type="checkbox"/> yes <input type="checkbox"/> No	
		If so, please state intensity	
		magnitude	
		Is the design of the structures to be insured based on Regulations regarding earthquake resistant structures? <input type="checkbox"/> yes <input type="checkbox"/> No	
	<b>Subsoil conditions</b>	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site	
		Other types	
		Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> No	
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<b>21.</b>	<b>Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence</b>	a. due to earthquake	b. due to fire
		c. due to other cause (please specify)	
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<b>22.</b>	<b>Is coverage of construction/erection equipment (scaffolding, huts, tools, etc) required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Please give brief description and state new replacement value under No. 28.3	
<hr/>			
<b>23.</b>	<b>Is coverage of construction/erection machinery (excavators, cranes, etc) required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Please attach list of major machines showing individual new replacement values and state total value	

<p><b>24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No 28.5</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>If so, give exact description of these buildings/structures</p>
<p><b>25. Is third party liability to be included? If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s) (enclose maps, if possible). State limits under No 28, section II</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>26. Do you wish cover to include extra charges (in case of loss) for</b></p>	<p>express freight, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Air freight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>27. Give details of any special extension of cover required</b></p>	<p></p>

<b>28.</b>	<b>Please state hereunder the amounts to be insured or where applicable the limits of indemnity required (see Policy wording, Section I, memo 1 and Section II):</b>	<b>Amount:</b> <hr/>																						
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**DECLARATION**

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Agent/Broker:** \_\_\_\_\_